Effective on Fees pursuant to the Consolidated Ap	Complete if Known								
FEE TRANS	Application	Number	10/585,902						
For FY 2009			Filing Date		2/7/2005				
FOF F Y 2009			First Name	First Named Inventor		Karen Rita Crawford			
Applicant claims small entity status. See 37 CFR 1.27			Examiner N	Jame	Hemant M	1. Desai			
	Art Unit		3721						
TOTAL AMOUNT OF PAYM	Attorney D	ocket	0470 - 06	1793					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
1112	Entity Small Entity								
Application Type Fee (\$) Fee (\$) Fee (\$)			<u>Fee (\$)</u> <u>Fee (\$)</u>			Fees Paid (\$)			
Utility 330	82	540	270	220	110				
Design 220	110	100	50	140	70				
Plant 220	t 220 110 330 1			170	85				
Reissue 330	165	540	270	650	325				
Provisional 220	110	0	0	0	0				
2. EXCESS CLAIM FEES						Small Entity			
Fee Description					Fee (\$)	<u>Fee (\$)</u>			
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (220	110			
Multiple dependent claims			o) 13		3.4	390	195		
Total Claims - 20 or HP Extra Claims Fee (S							Multiple Dependent Claims For (\$) For Paid (\$)		
	$\frac{25}{\text{HP = highest number of total claims paid for, if greater than 20.}} = \frac{52.00}{\text{Fee (\$)}} = \frac{\text{Fee (\$)}}{\text{Fee Paid (\$)}}$								
				o Doid (ft)					
3 - 3			$\frac{\text{Fee Paid (\$)}}{\text{=}}$						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.									
See 35 U.S.C. $41(a)(1)(G)$ and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S) <u>Fees Paid (\$)</u>									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY									
Signature Registration No. (Attorney/Agent) 22,132 Telephone 412-471-8815								12-471-8815	
Name (Print/Type) William H. Logsdon Date August 4, 2010									